



HEADQUARTERS NEW JERSEY ARMY AND AIR NATIONAL GUARD
NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
3650 SAYLORS POND ROAD
FORT DIX, NEW JERSEY 08640-7600


ARMY BULLETIN NO. 32

21 December 2001

OPTEMPO COSTS - STATE ACTIVE DUTY (SAD) SECURITY MISSIONS

1. Reference, paragraph 3.c (2)(e) (Maintenance), NJ-MSCA OPLAN 2000-1.
2. All units involved in on-going SAD Security Missions are required to complete the Mechanical Equipment Usage Report, Appendix 2, to Annex F (Logistics), enclosure 1, for all powered equipment (each individual vehicle, aircraft, generator, etc.) utilized during the conduct of daily operations. All documents will be annotated by responsible unit to indicate either State or Federal mission status.
3. Reports will be routed through corresponding chain of command, consolidated by MSC Headquarters concerned and forwarded to DOL-TRANS on a weekly basis.
4. It is imperative that every effort is made at individual unit level to accurately capture all corresponding OPTEMPO costs to ensure complete compensation from the State of New Jersey.
5. Directorate of Logistics POC is LT Thomas Russo, (609) 562-0275

OFFICIAL:


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1 Encl

ANNEX F (Logistics) to NJ-MSCA OPLAN 2000-1
APPENDIX 2 (Mechanical Equipment Usage Report) to ANNEX F (Logistics)

TF/MSC Headquarters: _____ Unit: _____ Date Utilized: _____

Mission Status: State () Federal () Area of operations by county: _____

Type Military Vehicle/Aircraft/Generator/Powered Equipment (OFFICAL NOMENCLATURE):

USA Number/Serial Number: _____ LINUM: _____ Operator: _____

* Military Vehicle:

a. Odometer Reading Start: _____

b. Odometer Reading End: _____

Total Miles Utilized (a-b): _____

* Aircraft/Generator/Powered Equipment:

a. Hour Reading Start: _____

b. Hour Reading End: _____

Total Hours Utilized (a-b): _____

Post Operations Costs (repairs and or services required, parts, labor):

<u>Parts Utilized (NSN Description)</u>	<u>Cost</u>	<u>Labor</u>
_____	_____	Man Hours/Cost in OMS: _____
_____	_____	Man Hours/Cost in CSMS: _____
_____	_____	Total Man Hours/Cost: _____
_____	_____	Type repair and or services provided by: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* **NOTE:** This form will be completed for each individual military vehicle, aircraft, generator or powered item of equipment utilized during the conduct of operations.